promise as a satisfactory treatment for disfiguring port-wine stains. Continued research will help to define the role to be played by this exciting form of radiant energy.

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The Present Status of Dermabrasion

DERMABRASION or surgical planing is a technique that consists of removing the epidermis and a portion of the dermis, while preserving the adenexa in sufficient numbers to allow spontaneous reepithelialization. The technique continues to be a very useful tool in the armamentarium of the plastic surgeon and dermatologist.

The purpose of surgical planing is to smooth surface irregularities of the skin. Its primary use continues to be in the treatment of scars and pits caused by acne, chicken pox and smallpox. Abrasion can also be a beneficial adjunct in the treatment of traumatic scars, foreign bodies, amateur tattoos and fine wrinkles especially of the cheek and forehead. Some benign tumors, such as keratoses, may also be treated by this method.

Surgical planing is done with a high speed rotary abrasive instrument under general or local anesthesia.

ANGELO CAPOZZI, MD

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Treatment of Melanoma

In treating melanoma it now appears that the thickness of the tumor may be of even greater significance in determining the need for lymphadenectomy than the anatomic level of skin invasion (Clark's levels). Although the importance of the inflammatory cell infiltrate is still being evaluated, its presence appears to be a favorable sign. While the cell type may also be significant, this factor is understood even less well.

Surgical removal of regional lymph nodes is highly significant in determining the prognosis; it is especially so in thick tumors or those with extensions to levels IV and V.

Immunotherapy with bacillus Calmette-Guerin (BCG) and transfer factors should be considered experimental. Chemotherapy with dimethyl triazeno imidazole carboxamide (DTIC) or other drug combinations are available for late stage disease, though the results of treatment have been disappointing.

Urine chromatography may detect melanogens from liver metastasis three to four months before such findings are shown on liver scanning.

> SCOTT BLOIS, MD WILLIAM EPSTEIN, MD RICHARD DAKIN, MD MICHAEL GROMET, MD

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